Chapter 9
Section 6

Non-Availability Statement (NAS) Processing Requirements

1.0.   PROCESSING NONAVAILABILITY STATEMENT (NAS) DATA ON DEERS

1.1.   General

Inpatient Nonavailability Statement (INAS) processing is required for all programs except those specified by the Policy Manual, Chapter 11, Section 2.1. The automated INAS policy applies to all 50 states, the District of Columbia, and Puerto Rico. Foreign claims requiring an INAS shall be processed with a copy of the DD Form 1251 attached to the claim form.

NOTE: When NAS appears in the text, it refers to both INASs and ONASs for services furnished prior to September 23, 1996.

1.2.   Contractor NAS Query

NOTE: For maternity care episodes beginning on or after March 26, 1998, the hospital admission date listed on the nonavailability statement must be within 30 days of the issue date. Nonavailability statements are no longer required for outpatient prenatal or postpartum care.

1.2.1.   Whenever an INAS is required for claim payment, the query sent to DEERS shall contain a '1' in the "NAS Required Indicator" field. When an ONAS is required for claim payment, the query sent to DEERS shall contain a '2' in the "NAS Required Indicator" field. If an INAS or ONAS is not required, the query shall contain a '0' in the "NAS Required Indicator" field.

1.2.2.   If an INAS is required, the contractor shall include the date of the hospital admission or, for maternity care episodes which began prior to March 26, 1998, the date of the first prenatal maternity care visit must be entered. The date of admission must be coded, if the claim is from the institutional provider or the attending physician.

1.2.3.   The contractor shall attempt to retrieve the date of admission from history or previously submitted claims for all other claims associated with the inpatient admission or match the DEERS query each time a claim is submitted, depending on which method is more cost effective. The hospital admission date must be within 30 days from the issue date, EXCEPT for chronic care cases or for maternity episodes which began prior to March 25, 1998. In maternity cases which began prior to March 26, 1998, the first prenatal visit date must be the same as the issue date within the "NAS Number" field or must be the same date as the retroactive date on retroactive issuances. The NAS Number, Major Diagnostic Category, and Reason For Issuance fields must be downloaded from DEERS unless a paper copy is attached to the claim or is on file with the provider.

1.3.   DEERS NAS Reply

1.3.1.   General

1.3.1.1.   NASs apply only to TRICARE Standard beneficiaries. An NAS can be issued for either inpatient care (referred to as INAS) or outpatient care (referred to as ONAS) based upon the rules and rule dates provided in the rest of this section as well as the Policy and Operations Manuals. Two types of NAS issuances, either unconditional or cancelled, can appear in the "NAS Status" field of the query response. The majority of NASs issued will appear as unconditional. A cancelled NAS is one that was issued and subsequently cancelled. A cancelled NAS shall not be used for claims processing. When the status field indicates a cancelled NAS, the contractor shall deny any outstanding claim. The contractor shall also check for prior claims paid on the cancelled NAS and recoup any monies paid in error.

1.3.1.2.   If the DEERS eligibility response code is '01' through '11', no NAS information will be included in the response.

1.3.1.3.   The contractor shall process the claim using the NAS data on the DEERS reply in the same manner as it would process the claim using a hardcopy NAS form.

1.3.2.   INAS Response

1.3.2.1.   When DEERS has INAS data that support the INAS request in the contractor query (or any on file when the date of admission is blank), the reply will contain the INAS number, major diagnostic category, NAS status, reason for issuance, access counter, and other health insurance indicator. DEERS will return this information for any and all INASs on its file for which the claim could apply. DEERS will select the appropriate INAS for the reply by comparing the hospital admission date supplied by the contractor to the issue date (in Julian format) within the "NAS Number" field on the DEERS data base.

1.3.2.2.   When INAS data are included in the DEERS response record, DEERS will return a '1' in the "NAS Required Indicator" field on the DEERS response. The "NAS Segment Count" field will indicate the number of INASs appended to the record. A maximum of 45 INASs per family member can be included in the record.

1.3.2.3.   The DEERS response will contain all INAS information for the family member in date-order sequence with the most recently issued INAS appearing first. If the hospital admission date, or, for maternity episodes which began prior to March 26, 1998, the first prenatal visit date is not included in the contractor query, the contractor is responsible for making date comparisons to select the proper INAS.

1.3.2.4.   On retroactive INASs, including INASs for maternity care episodes beginning on or after March 26, 1996, the "Retroactive Date" on the DEERS response screen shall be the hospitalization date, or, for maternity care episodes which began prior to March 26, 1998, the first prenatal visit date. A retroactive INAS will have an NAS number sequence between 900 and 999. (Refer to the Type 3 DEERS response of this chapter.) It will also have a retroactive effective date that is separate from the INAS issuance date located within the INAS number. The retroactive effective date will show the beginning date of the effective period of the

INAS. The contractor is not responsible for performing any consistency edits on the INAS number and the retroactive effective date.

1.3.2.5. A retroactive maternity INAS will be identified by the retroactive effective date (for maternity episodes which began prior to March 26, 1998, the first prenatal visit date) and by the major diagnostic category 14. This INAS will be valid 42 days beyond the termination of the pregnancy.

1.3.2.6. If the newborn remains in the hospital continuously after the mother's discharge, the mother's INAS will cover the infant in the same hospital for up to 15 days following the mother's discharge. Beyond the 15th day, the infant requires an INAS in his/her own right.

1.3.2.7. When a newborn requires an INAS in his/her own right, the MTF will issue the newborn's INAS retroactive to the baby's date of birth. The contractor will only need to query for the baby's INAS, instead of querying for both the mother and the child.

1.3.2.8. For all chronic care-retroactive INAS issuances, the last three digits of the INAS number will be between 700-799.

1.3.2.9. For all chronic care INAS issuances, the last three digits of the assigned INAS number will be between 800-899. (Refer to the Type 3 DEERS response of this chapter.) All chronic care INAS issuances will be valid for one year from the date of issuance.

1.3.3. ONAS Response

NOTE: ONAS requirements apply to services provided from October 1, 1991, through September 22, 1996, only.

1.3.3.1. When DEERS has ONAS data that supports the ONAS request in the contractor query, the reply will contain the ONAS number, 2-digit code for the "Selected Outpatient Procedure Code" category, NAS status, reason for issuance, access counter, and other health insurance indicator. DEERS will return this information for any and all ONASs on its file for which the claim could apply. DEERS selects the appropriate ONASs in date order sequence by the most recently issued (in Julian format) within the "NAS Number" field. It is the contractor's responsibility to match the closest issuance date within the "NAS Number" field to the treatment date on the claim form. All ONASs are issued for 30 days. In each instance, the treatment date on the claim form must be within the effective window period (30 days) to be matched to the ONAS.

1.3.3.2. When ONAS data is included in the DEERS response record, DEERS will return a '2' in the "NAS Required Indicator" field on the DEERS response. The "NAS Segment Count" field will indicate the number of ONASs appended to the record. A maximum of 45 ONASs per family member can be included in the record.

1.3.3.3. On retroactive ONASs, the "Retroactive Date" field must be the same as the treatment date on the claim form.

1.4.   NAS Override Authority

The persons listed in Addendum C of this chapter have NAS override authority for unusual cases.